

EMPLOYMENT AVAILABILITY STATEMENT

INSTRUCTIONS: Please complete this form and return it with your application to: Department of Veterans Affairs, Delegated Examining Unit, P.O. Box 24269, Richmond, VA 23224.

SECTION I

HOW DID YOU FIND OUT ABOUT EMPLOYMENT WITH THE DEPARTMENT OF VETERANS AFFAIRS (VA)? MARK THE APPROPRIATE BOX.

- | | |
|---|---|
| <input type="checkbox"/> 1. ADVERTISEMENT IN NEWSPAPER, PROFESSIONAL JOURNAL, ETC.

<div style="border-bottom: 1px solid black; width: 30%; margin: 0 auto; text-align: center;"> <i>Name of Publication</i> </div> <input type="checkbox"/> 2. ASSOCIATE WHO WORKS FOR VA OR OTHER FEDERAL AGENCY
<input type="checkbox"/> 3. CONVENTION OR PROFESSIONAL MEETING
<input type="checkbox"/> 4. STATE JOB SERVICE | <input type="checkbox"/> 5. RECRUITMENT AT PROFESSIONAL SCHOOL OR UNIVERSITY
<input type="checkbox"/> 6. DURING INTERNSHIP OR PRACTICUM AT VA FACILITY OR OTHER FEDERAL AGENCY
<input type="checkbox"/> 7. OTHER (Please specify:) |
|---|---|

SECTION II - GEOGRAPHIC AVAILABILITY

PLEASE WRITE THE THREE-DIGIT CODES WHICH CORRESPOND TO THE LOCATIONS TO WHICH YOU WANT YOUR NAME REFERRED. Our Job Locations list shows facilities at which jobs in your occupation may exist. Please use a version of the Job Locations list dated September 1989 or later. (These versions have a map of the U. S. on them.) If you do not have this version, please call us at 800-368-6008 (800-552-3045 in Virginia) for the latest edition. You may choose no more than 9 location codes, but be sure to choose at least one.

DEU COMMENTS

SECTION III

Please write your name, address and telephone number in the space below.

FIRST NAME										MI		LAST NAME																						
STREET ADDRESS <i>(Please be sure to include your apartment number, if any.)</i>																																		
CITY															STATE		ZIP CODE																	
AREA CODE					TELEPHONE NUMBER										TELEPHONE CONTACT TIME																			
					-										<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT <input type="checkbox"/> EITHER																			

(CONTINUE ON REVERSE. COMPLETE SECTION IV AND ANSWER QUESTIONS 1 THROUGH 14.)

SECTION IV												
PLEASE DO NOT WRITE IN THIS SPACE ▶						OCC		VP	NOR	RSC		
										-		
SOCIAL SECURITY NUMBER												
				-				-				
NOTE: PLEASE ANSWER THE FOLLOWING QUESTIONS BY PLACING AN "X" IN THE APPROPRIATE BOX. BE SURE TO ANSWER ALL QUESTIONS. LACK OF A RESPONSE WILL BE CONSIDERED AN ANSWER OF "NO".												
YES	NO	ARE YOU AVAILABLE FOR:				YES	NO	ARE YOU AVAILABLE FOR:				
		1. FULL-TIME EMPLOYMENT (40 HOURS PER WEEK)?						8. EMPLOYMENT ON AN AS-NEEDED BASIS?				
		2. PART-TIME EMPLOYMENT FOR 16 OR FEWER HOURS PER WEEK?						9. EMPLOYMENT INVOLVING WEEKENDS OR ROTATIONAL TOURS OF DUTY?				
		3. PART-TIME EMPLOYMENT FOR 17 TO 24 HOURS PER WEEK?						10. EMPLOYMENT INVOLVING EVENING AND/OR NIGHT WORK?				
		4. PART-TIME EMPLOYMENT FOR 25 TO 32 HOURS PER WEEK?						11. TERM EMPLOYMENT (MORE THAN 1 YEAR BUT NO MORE THAN 4 YEARS)?				
		5. TEMPORARY EMPLOYMENT FOR 5 TO 12 MONTHS?						12. OVERNIGHT TRAVEL FOR 1 TO 5 NIGHTS PER MONTH?				
		6. TEMPORARY EMPLOYMENT FOR 1 TO 4 MONTHS?						13. OVERNIGHT TRAVEL FOR 6 TO 10 NIGHTS PER MONTH?				
		7. TEMPORARY EMPLOYMENT FOR LESS THAN 1 MONTH?						14. OVERNIGHT TRAVEL FOR MORE THAN 10 NIGHTS PER MONTH?				
PLEASE DO NOT WRITE IN THIS SPACE ▶						EBD		EED		CDT		
										-		
RESERVED												